

Revenues & Benefits

PO Box 5000, Worthing, BN11 1JN

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Council Tax

Application for a Disabled Person's Discount										
					Addres	s of the	proper	ty (if diffe	rent)	
Your a	account referen	ce								
Your	Your property reference				Date of issu	ıe				
If you, or someone living with you, needs an extra room or space because of a disability, you may be entitled to a reduction in the Council Tax you pay. The extra room or space can include a bathroom or kitchen and must be used mainly by the disabled person. A typical reason for the extra space would be so the disabled person can use their wheelchair indoors. If you want to claim a reduction, you will need to fill in this application form. If your claim is successful, we will give you the discount by treating your property as if it were in a lower valuation band. We will reduce band A properties by 1/9 of the value of the band-D charge.										
1	What is the na	me of the d	lisabled person?							
2	What is the address of the disabled person?									
3	What is the disabled person's date of birth?				/ /					
4	What is their disability?									
Please 5	Is there a room that is mainly used by the disabled person and is required to meet their special needs? Is there an extra bathroom or kitchen that is designed for the disabled person to meet their special needs? Yes								No No	
7	Does the disal	rs?		Yes			No			
	(If yes, please send us a letter from a doctor, occupational therapist or social worker to confirm that extra space is needed for the disabled person)									
	Declaration									
 I confirm that the information I have given is true and complete. I understand that you may use it to maintain Council Tax, Housing Benefit and electoral register records. I give you permission to check the information I have given I will let you know immediately if my circumstances change. You may be subject to a fine and or prosecution if you give false information. 										
in rel	ation to admi	nistering (re the data controller Council Tax. Full det council-tax/privacy-no	ails about h						
Your signature:				Print yo	our nam	e:				
Vour	nhone nun	her:			D	ate.		/ /		

We may have to visit the property so it would be helpful to have your home phone number (but you do not have to tell us if you don't want to).